



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Dang	Marvin	S. C.	521-8521
MAILING ADDRESS (Street)			FAX
P.O. Box 4109			521-8522
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Law Offices of Marvin S.C. Dang, a Limited Liability Law Company			521-8521
MAILING ADDRESS (Street)			FAX
P.O. Box 4109			521-8522
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
VISA U.S.A., Inc.			(202) 296-9230
MAILING ADDRESS (Street)			FAX
1300 Connecticut Avenue, NW, Suite 900			(202) 862-5498
(City)	(State)	(Zip Code)	
Washington	D.C.	20036	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Marvin S. C. Dang			521-8521
MAILING ADDRESS (Street)			FAX
P.O. Box 4109			521-8522
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/5/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Paul Russinoff, VP, State Relations

NAME OF ORGANIZATION (if applicable)

TELEPHONE

VISA U.S.A., Inc.

(202) 296-9230

MAILING ADDRESS (Street)

FAX

1300 Connecticut Avenue, NW, Suite 900

(202) 862-5498

(City)

(State)

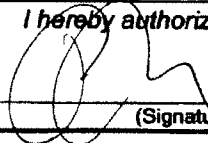
(Zip Code)

Washington

D.C.

20036

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/2/07

(Date)